

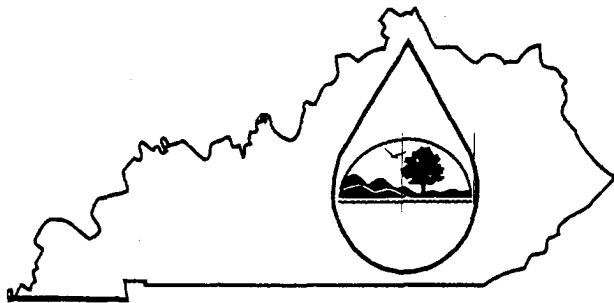
## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2004 SEP 13 P 3:33

### PERMIT APPLICATION

DIVISION OF WATER

7-9-04



A complete application consists of this form and Form 1.  
For additional information, contact KPDES Branch (502) 564-3410.

<b>I. FACILITY DESCRIPTION</b>	<b>AGENCY USE</b>							
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A. Name of Facility Where Discharge Will Occur: Monticello Wastewater Treatment Plant		Owner of Facility: City of Monticello	
Location - Number and Street or Other Identifier: Twin Oaks Rd. (Formerly Sewer Plant Rd)		County: Wayne	
City: Monticello			

B. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. Yes <input type="checkbox"/> (Continue) No <input checked="" type="checkbox"/> (Go to C)	
Name of organization receiving discharge:	
Address: (Number and Street):	City:
State:	Zip Code:
Name of Facility (waste treatment plant) which ultimately receives discharge:	
Give your average daily flow into the receiving facility in mgd: mgd	

#### C. Discharge (See instructions)

Discharge To	Number of Discharge Points	Total Volume Discharged (mgd)
Surface Water	1	0.440
Surface Impoundment With No Effluent		
Underground Percolation		
Well (Injection)		
Other (Describe):		

#### D. Intermittent discharges (see instructions)

Number of Bypass Points: 0	Overflow Points: 0	Number of Seasonal Discharge Points: 0
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# FACILITY DESCRIPTION (Continued)

E. Indicate the type and length (in feet) of the collection system used by this facility. (See instructions)

Collection System Type: Separate Sanitary

Length (feet): 147,000

F. Municipalities or Area Served (See instructions)

NAME	ACTUAL POPULATION SERVED
City of Monticello	7,018
Total population served:	

Total estimated average daily waste flow from all industrial sources: 0.038 MGD

G. Maps and drawings (See instructions - Figure A and B)

H. Additional information (Attach additional sheets if needed)

## II. BASIC DISCHARGE DESCRIPTION

A. Discharge Serial Number: <u>001</u>		Discharge Name (if any) <u>Municipal Discharge</u>	
Previous Discharge Serial Number (if any)		<u>001</u>	
B. Discharge Operating Dates: Beginning Date (yy/mm)		<u>Continuous</u>	
If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge: <u>N/A</u>			
C. Specify type of discharge point (See instructions) <u>Surface Water</u>			
D. Latitude and longitude of discharge point			
Latitude (degrees/minutes/seconds): <u>36 degrees/48 minutes/55 seconds</u>		Longitude (degrees/minutes/seconds): <u>84 degrees/52 minutes/ 45 seconds</u>	
E. Name the waterway at the point of discharge (See instructions): <u>Elk Creek</u>			

## II. BASIC DISCHARGE DESCRIPTION (continued)

Complete Items F, G, or H as applicable: ☐ Not applicable

F. If discharge is from a bypass point:	WET WEATHER	DRY WEATHER
Check when bypass occurs:	<input type="checkbox"/>	<input type="checkbox"/>
Give the number of bypass incidents	per year	per year
Give the average duration of bypass	hours	hours
Give the average volume per incident	1,000 gallons	1,000 gallons

Give reasons why bypass occurs:

G. If discharge is from an overflow point:	WET WEATHER	DRY WEATHER
Check when overflow occurs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Give the number of overflow incidents:	Est. 4 or 5 per year per year	per year
Give average duration of overflow:	Est. 16 hours hours	hours
Give average volume per incident	See Item I below 1,000 gallons	1,000 gallons

H. If discharge is intermittent from a holding pond, lagoon, etc: ☒ Not applicable

Give the number of times this discharge occurs per year:	
Give the average volume per discharge occurrence:	(1,000 gallons)
Give the average duration of each discharge:	(days)
List month(s) when the discharge occurs:	

I. Describe treatment units which apply to this discharge:

S, SC, GA, M, ASR, APO, NPG (except rotors in oxidation ditch.

Note: When flash flood like situations occur, we cut rotors and increase CL2 feed rate. All other treatment is normal, we notify DOW during these times.

Using the codes listed in Table I of the instructions, describe in order of occurrence the treatment units applied (see example with Table)

S, SC, GA, M, ASR, APO, N, PG, B

Describe the sludge handling and disposal methods. (Please indicate disposal site.)

Drying beds, Hauled to Land Farming Site, both wet and dry. Also use belt press.

J. Check if the following are currently available:

☐

Engineering Design Report

☒

Operation and Maintenance Manual

## II. BASIC DISCHARGE DESCRIPTION (continued)

### K. Plant design data

Plant design flow:	7	mgd
Plant design 5-day BOD removal:	85.7	%
Plant design N removal:	86.6 & 66.6	%
Plant design P removal:	N/A	%
Plant design SS removal:	90.2	%
Plant began operation:	1987	(year)
Plant last major revision:	1987	(year)

### K. Description of influent and effluent (see instructions)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow Million gallons per day	0.440	0.440	0.400	0.499	cont	cont	N/A
00400 pH Units			6.67	7.17	1/7	52	grab
74028 Temperature (winter) °F	N/A						
74027 Temperature (summer) °F	N/A						
75054 Fecal Streptococci Bacteria Number/100 ml (Provide if available)							
74055 Fecal Coliform Bacteria Number/100 ml (Provide if available)				28	1/7	52	grab
74056 Total Coliform Bacteria Number/100 ml (Provide if available)							
00310 BOD mg/l	233	3	2	8	1/7	52	Comp
00340 Chemical Oxygen Demand (COD) mg/l (Provide if available) OR 00685 Total Organic Carbon (TOC) mg/l (Provide if available)	N/A						
50060 Chlorine - Total Residual mg/l	N/A	<0.10	<0.10	<0.10	1/7	52	grab
00500 Total Solids mg/l							
70300 Total Dissolved Solids mg/l							
00530 Total Suspended Solids mg/l	336	6	4	11	1/7	52	Comp

**III. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)**

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545 Settleable Matter (Residue) ml/l							
00610 Ammonia (asN)* mg/l	27.2	0.14	0.10	0.34	1/7	52	Comp
00625 Kjeldahl Nitrogen* mg/l							
00615 Nitrite (as N)* mg/l							
00620 Nitrate (as N)* mg/l							
00665 Phosphorus Total (as P)* mg/l							
00300 Dissolved Oxygen (DO) mg/l		N/A	7.6	9.8	1/7	52	Grab
01092 Zinc - Total mg/l							
00940 Chloride mg/l							
Hardness - Total (as CaCO <sub>3</sub> ) mg/l							

\* Provide if available

**M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)**

PARAMETER (215)		PARAMETER (215)		PARAMETER (215)	
<input type="checkbox"/>	Bromide 71870	<input type="checkbox"/>	Cobalt 01037	<input type="checkbox"/>	Thallium 01059
<input type="checkbox"/>	Cyanide 00720	<input type="checkbox"/>	Chromium 01034	<input type="checkbox"/>	Titanium 01152
<input type="checkbox"/>	Fluoride 00951	<input type="checkbox"/>	Copper 01042	<input type="checkbox"/>	Tin 01102
<input type="checkbox"/>	Sulfide 00745	<input type="checkbox"/>	Iron 01045	<input type="checkbox"/>	Algicides* 74051
<input type="checkbox"/>	Aluminum 01105	<input type="checkbox"/>	Lead 01051	<input type="checkbox"/>	Chlorinated organic compounds* 74052
<input type="checkbox"/>	Antimony 01097	<input type="checkbox"/>	Manganese 01055	<input type="checkbox"/>	Oil and grease 00550
<input type="checkbox"/>	Arsenic 01002	<input type="checkbox"/>	Mercury 71900	<input type="checkbox"/>	Pesticides* 00550
<input type="checkbox"/>	Beryllium 01012	<input type="checkbox"/>	Molybdenum 01062	<input type="checkbox"/>	Phenols 32730
<input type="checkbox"/>	Barium 01007	<input type="checkbox"/>	Nickel 01067	<input type="checkbox"/>	Surfactants 38260
<input type="checkbox"/>	Boron 10122	<input type="checkbox"/>	Selenium 01147	<input type="checkbox"/>	Radioactivity* 74050
<input type="checkbox"/>	Cadmium 01027	<input type="checkbox"/>	Silver 01077		

\* Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2<sup>nd</sup> Edition*, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

**II. BASIC DISCHARGE DESCRIPTION (Continued)**

N. Is there an alternative power source for major pumping facility including those for collection system lift stations?

☒ Yes ☐ No

Is there an alarm for power or equipment failure? ☒ Yes ☐ No

O. Additional information:

There is an alarm that dials two (2) beepers and the water treatment plant in case of power failure.

There is an alternate power source for the wastewater treatment plant. This source also serves the main lift station coming into the plant. There are no alternate power sources in the collection system.

**III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION (See Instructions)**

A. Improvements required:

1. List the discharge serial numbers, assigned in Item II, that are covered by this implementation schedule.

N/A None				
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2. List the authority or authorities which ordered the improvements (See instructions).

N/A

3. Specify the 3-character code from Table II, General Action Description, that best describes the improvements required by the implementation schedule. Also list all the Specific Action, 3-character codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

General Action Description	N/A		
Specific Action Description(s)	N/A		

B. Provide dates imposed by schedule and actual completion dates for implementation steps listed.

Implementation Step	Scheduled Completion (Year/Month/Day)	Actual Completion (Year/Month/Day)
Preliminary plan completion		
Final plan completion		
Financing complete and contract award		
Site acquisition		
Start of construction		
End of Construction		
Start of discharge		
Attainment of operational level		

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:	Wayne County Hospital
Number and Street:	166 Hospital Street
City, State, Zip Code:	Monticello, Ky 42633
County:	Wayne

B. Primary Standard Industrial Classification Code:

C. Principal product or raw material (see instructions).

	Quantity	Units (See Table III)
Product	Acute Care Hospital	N/A
Raw Material		

Brief description of production process: Acute Care Hospital

D. Indicate volume of water discharged into the municipal system:	(gallons per day) .008 MGD
Is discharge:	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
E. Is pretreatment provided prior to entering the municipal system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Characteristics of wastewater (see instructions).

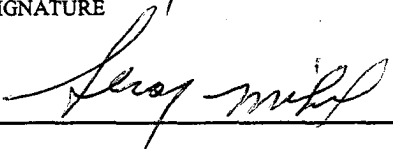
Parameter Name	BOD	TSS	OIL/Grease	Ammonia	PH		
Parameter Number	00310	00530	00550	00610			
Value	175	132	22	15.6	5.60/6.88		
Parameter Name							
Parameter Number							
Value							

V. PRETREATMENT AND LOCAL LIMITS	
1. Pretreatment Program. Does this facility have an approved pretreatment program?	
<input type="checkbox"/> Yes (complete item 2 - 4)	<input checked="" type="checkbox"/> No (go to Section VI)
2. Is this facility required to establish local limits?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are the local limits technically-based?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has a technical evaluation of the need to revise this facility's local limits been completed?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach a copy of the evaluation)	
If no, a copy of the evaluation must be submitted within ninety (90) days of the effective date of your permit.	

VI. BIOLOGICAL TEST DATA (BIOMONITORING)	
1. Does the current KPDES permit require biological testing and reporting?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No (Complete Item 2)
2. Has biological testing been performed on the POTW effluent?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach a copy of results and lab sheets.	
(Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with an approved pretreatment program which receive industrial waste must submit biomonitoring results before the application is deemed complete.)	

VII. CERTIFICATION
--------------------

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (Type or Print)	PHONE NO. (Area Code and Number)
Leroy Mikel Manager	406-344-8473
SIGNATURE	DATE
	7-9-04



**VI. PRETREATMENT AND LOCAL LIMITS**

1. Pretreatment Program. Does this facility have an approved pretreatment program?

☐ Yes (complete item 2 - 4) ☒ No (go to Section VI)

2. Is this facility required to establish local limits?

☐ Yes ☐ No

3. Are the local limits technically-based?

☐ Yes ☐ No

4. Has a technical evaluation of the need to revise this facility's local limits been completed?

☐ Yes ☐ No

If yes, attach a copy of the evaluation)

If no, a copy of the evaluation must be submitted within ninety (90) days of the effective date of your permit.

**VI. BIOLOGICAL TEST DATA (BIOMONITORING)**

1. Does the current KPDES permit require biological testing and reporting?

☒ Yes ☐ No (Complete item 2)

2. Has biological testing been performed on the POTW effluent?

☒ Yes ☐ No

If yes, attach a copy of results and lab sheets.

(Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with an approved pretreatment program which receive industrial waste must submit biomonitoring results before the application is deemed complete.)

**VII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (Type or Print)

PHONE NO. (Area Code and Number)

Leroy Mikel Manager

606-348-3473

SIGNATURE

DATE

Leroy Mikel

7-9-04

**TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR**

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:	Avian Farms
Number and Street:	P.O. Box 610
City, State, Zip Code:	Monticello, KY 42633
County:	Wayne

B. Primary Standard Industrial Classification Code:	0254
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C. Principal product or raw material (see instructions).

		Quantity	Units (See Table II)
Product	Hatching Eggs		
Raw Material			

Brief description of production process:

D. Indicate volume of water discharged into the municipal system:	(gallons per day) .010 MGD
Is discharge:	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
E. Is pretreatment provided prior to entering the municipal system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Characteristics of wastewater (see instructions).

Parameter Name	BOD	TSS	OIL/ GREASE	Ammonia	PH		
Parameter Number	00310	00530	00550	00610			
Value	296	154	31	4.00	6.60/9.30		
Parameter Name							
Parameter Number							
Value							

TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR

**IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)**

A. Name of Major Contributing Facility:	Belden Wire and Cable Company
Number and Street:	1211 Columbia Ave.
City, State, Zip Code:	Monticello, KY 42633
County:	Wayne

B. Primary Standard Industrial Classification Code:	3644 & 3643
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C. Principal product or raw material (see instructions).

	Quantity	Units (See Table IIB)
Product	Insulated Wire & Cable	
Raw Material		

Brief description of production process:

D. Indicate volume of water discharged into the municipal system:	(gallons per day) .006
Is discharge:	<input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
E. Is pretreatment provided prior to entering the municipal system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Characteristics of wastewater (see instructions).

Parameter Name	BOD	TSS	OIL/GREASE	Ammonia	PH		
Parameter Number	00310	00530	00550	00610	7.06/8.45		
Value	268	267	109	44.0	5.8/7.6		
Parameter Name							
Parameter Number							
Value							

**V. PRETREATMENT AND LOCAL LIMITS**

1. Pretreatment Program. Does this facility have an approved pretreatment program?

☐ Yes (complete item 2 - 4) ☒ No (go to Section VI)

2. Is this facility required to establish local limits?

☐ Yes ☐ No

3. Are the local limits technically-based?

☐ Yes ☐ No

4. Has a technical evaluation of the need to revise this facility's local limits been completed?

☐ Yes ☐ No

If yes, attach a copy of the evaluation)

If no, a copy of the evaluation must be submitted within ninety (90) days of the effective date of your permit.

**VI. BIOLOGICAL TEST DATA (BIOMONITORING)**

1. Does the current KPDES permit require biological testing and reporting?

☒ Yes ☐ No (Complete item 2)

2. Has biological testing been performed on the POTW effluent?

☒ Yes ☐ No

If yes, attach a copy of results and lab sheets.

(Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with an approved pretreatment program which receive industrial waste must submit biomonitoring results before the application is deemed complete.)

**VII. CERTIFICATION**

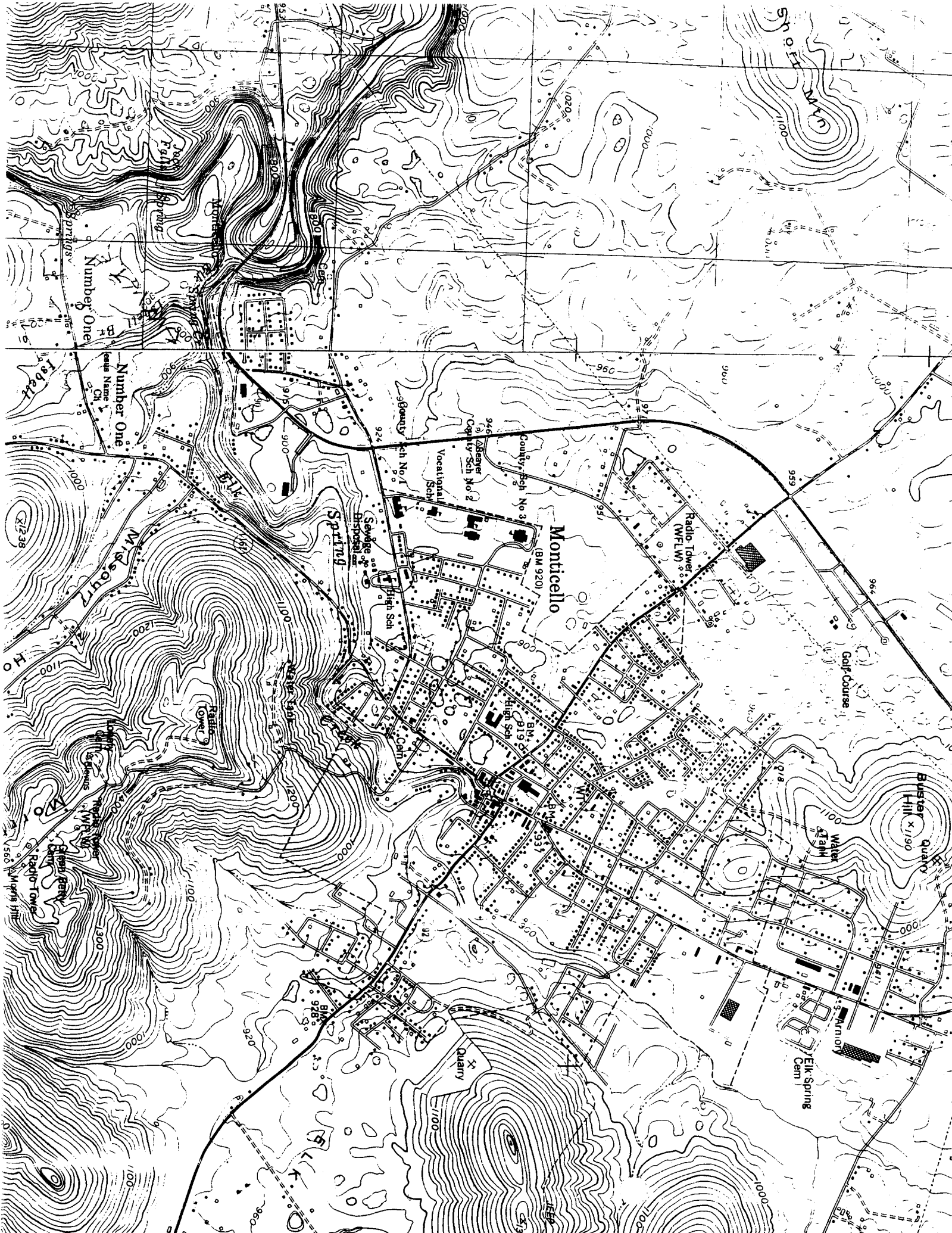
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (Type or Print)

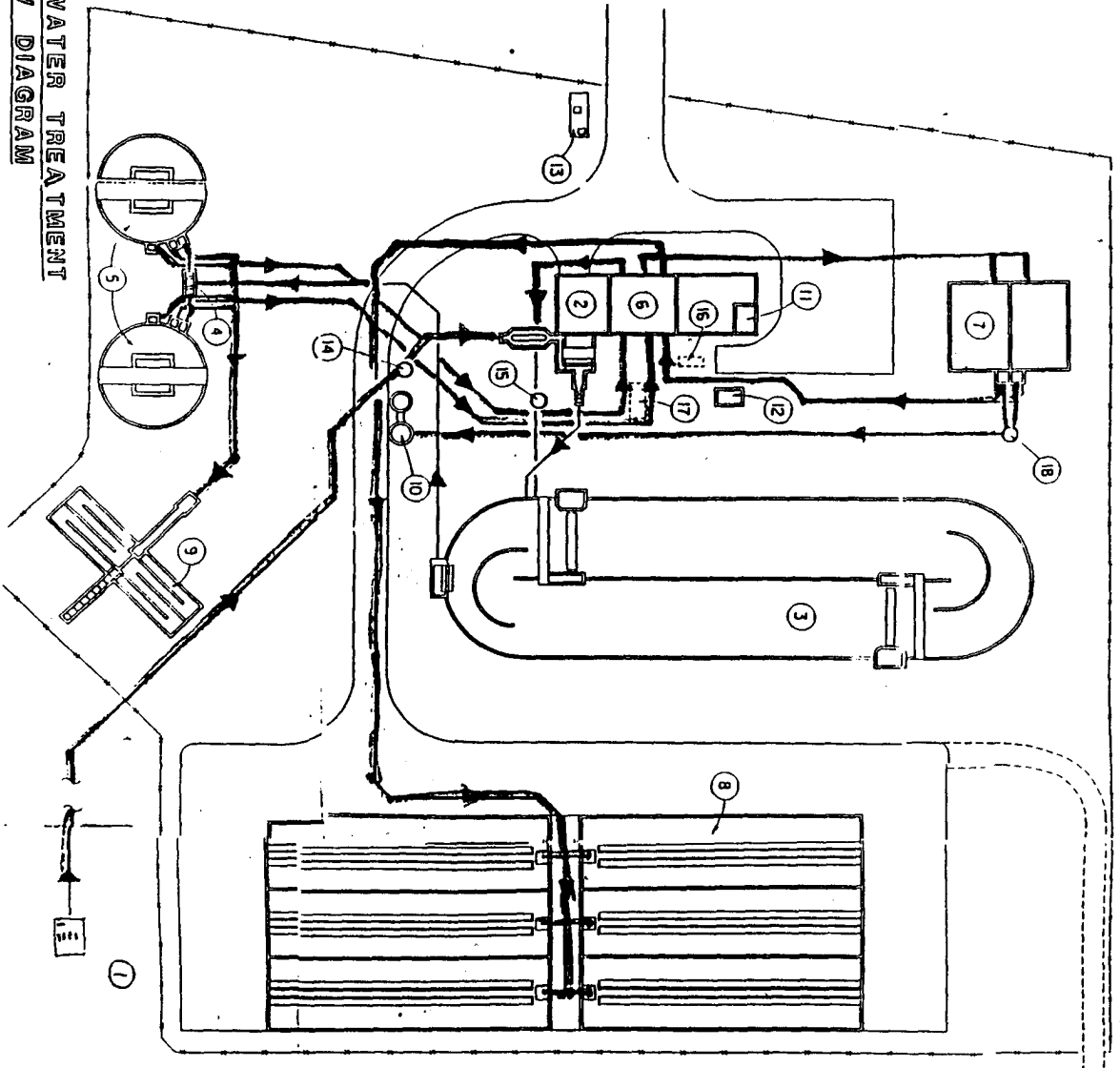
PHONE NO. (Area Code and Number)

SIGNATURE

DATE



# MONTICELLO WASTEWATER TREATMENT PLANT FLOW DIAGRAM



- 1 RAW SEWAGE PUMPING STATION
- 2 PRETREATMENT FACILITIES
- 3 OXIDATION DITCH
- 4 FLOW SPLITTER
- 5 CLARIFIERS
- 6 ADMINISTRATION BUILDING
- 7 (SLUDGE PUMPING STATION/  
BLOWER ROOM)
- 8 SLUDGE HOLDING TANK
- 9 SLUDGE DRYING BEDS
- 10 DISINFECTION FACILITIES
- 11 PLANT SEWER PUMPING STATION
- 12 LIME FEED ROOM
- 13 CHLORINE BUILDING
- 14 WATER METER &  
BACKFLOW PREVENTER
- 15 PRE-CHLORINE BOX
- 16 POST-CHLORINE BOX
- 17 DIESEL STORAGE
- 18 STANDBY POWER
- 19 MANHOLE "E"

**GRV**  
GRV Engineers, Inc.  
CLINTON, NEW YORK 12523  
AND MONTICELLO, NEW YORK  
12548



ERNIE FLETCHER  
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

LAJUANA S. WILCHER  
SECRETARY

DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WATER  
14 REILLY ROAD  
FRANKFORT, KENTUCKY 40601-1190  
[www.kentucky.gov](http://www.kentucky.gov)  
August 19, 2004

Leroy Mikel, Manager  
Monticello Utility Commission  
P.O. Box 549  
Monticello, Kentucky 42633

Re: Administrative Notice of Deficiency  
KPDES No.: KY0033847  
AI ID: 4172  
Monticello STP  
Wayne County, Kentucky

Dear Mr. Mikel:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility has been reviewed and found to be incomplete. Please complete the deficiencies listed below and return to me at the following address within thirty (30) days of the date of this letter. **Reference AI ID when returning requested information.** Please use this address: Division of Water, KPDES Branch, Ms. Nancy Green, 14 Reilly Road, Frankfort Office Park, Frankfort, Kentucky 40601.

1. Complete the enclosed forms according to form instructions.
  - Form A

**Failure to return the requested information within thirty (30) days may result in the Cabinet returning your application to you and retaining filing fees that have been paid, as per 401 KAR 5:300, Section 2(2).** If you have any questions concerning this request, please call me at (502) 564-2225, extension 402.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nancy Green".

**Nancy Green, Program Coordinator**  
Inventory and Data Management Section  
KPDES Branch  
Division of Water

NG:ng  
Enclosures  
c: Division of Water Files

# MONTICELLO UTILITY COMMISSION



P.O. BOX 549 • MONTICELLO, KY 42633 • (606) 348-8473 • FAX: (606) 348-0484

September 10, 2004

Ms. Nancy Green  
Division of Water  
KPDES Branch  
14 Reilly Road  
Frankfort, KY 40601

Re: Administrative Notice of Deficiency  
KPDES No.: KY0033847  
AI ID: 4172  
Monticello STP  
Wayne County, Kentucky

Dear Ms. Green:

Please find enclosed our Kentucky Pollutant Discharge Elimination System (KPDES) permit application Form A for the above referenced facility.

If you have any questions or need additional information, please let us know.

Sincerely,

Leroy Mikel, Manager  
Monticello Utility Commission

LM/hrt

Enclosures